



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF IMMUNIZATION ASSESSMENT AND ASSURANCE
 VACCINES FOR CHILDREN PROGRAM
VACCINE BORROWING REPORT

930 WILDWOOD DRIVE
 JEFFERSON CITY, MO 65109
 800.219.3224 • FAX: 573.526.5220

| | |
|----------------------|---------|
| PROVIDER/CLINIC NAME | VFC PIN |
|----------------------|---------|

Vaccines for Children (VFC) enrolled providers are expected to maintain an adequate inventory of vaccine for VFC and non-VFC-eligible patients. VFC funded vaccine cannot be used as a replacement system for a provider's privately purchased vaccine inventory. The provider must assure that borrowing VFC funded vaccine will not prevent a VFC-eligible child from receiving a needed vaccination because VFC funded vaccine was administered to a non-VFC eligible child. Borrowing should only occur when there is lack of appropriate stock vaccine due to unexpected circumstances such as a delayed vaccine shipment, vaccine spoiled in-transit to provider, or staff calculated ordering time incorrectly.

DIRECTIONS

When a provider has borrowed vaccine from one stock to administer to a child who is only eligible to receive vaccine from the other stock, this form must be **filled out completely** for each borrowing occurrence. **Each vaccine a child receives must be listed on a separate row.** As soon as the borrowed doses of vaccine are replaced to the appropriate vaccine stock, that date must be entered on this form. Borrowing reports must be kept as part of the VFC program records and made available to the VFC staff during the VFC site visit. Please ensure this form is submitted with the facility's monthly accountability.

| Vaccine Borrowed (Brand Name) | Lot # | Stock Used (VFC or Private) | Patient Name or Patient Identifier | DOB (XX/XX/XXXX) | Date Borrowed (XX/XX/XXXX) | Reason Code (Other describe below) | Date Vaccine Returned (XX/XX/XXXX) | Returned Vaccine Lot # |
|----------------------------------|-------|--------------------------------|---------------------------------------|---------------------|-------------------------------|---------------------------------------|--|---------------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| Code | Reason for borrowing VFC Dose | Code | Reason for borrowing Private Dose |
|----------------|--|-----------------|--|
| 1 | Private vaccine shipment delay (vaccine order placed on time/delay in shipping) | 8 | VFC vaccine shipment delay (order placed on time/delay in shipping) |
| 2 | Private vaccine not usable on arrival (vials broken, temperature monitor out of range) | 9 | VFC vaccine not usable on arrival (vials broken, temperature monitor out of range) |
| 3 | Ran out of private vaccine between orders (not due to shipping delays) | 10 | Ran out of VFC vaccine between orders (not due to shipping delays) |
| 4 | Short-dated private dose was exchanged with VFC dose | 11 | Short-dated VFC dose was exchanged with private dose |
| 5 | Accidental use of VFC dose for a private patient | 12 | Accidental use of private dose for a VFC eligible patient |
| 6 | Replacement of private dose with VFC when insurance plan did not cover vaccine | 13-Other | Other - describe: |
| 7-Other | Other - Describe: | | |

"I hereby certify, subject to penalty under the False Claims Act (31 U.S.C. §3730) and other applicable Federal and state law, that VFC vaccine dose borrowing and replacement reported on this form has been accurately reported and conducted in conformance with VFC provisions for such borrowing and further certify that all VFC doses borrowed during the noted time period have been fully reported on this form."

| | |
|-------------------|------|
| FORM COMPLETED BY | DATE |
|-------------------|------|